Response of DOTS

1140. SHRI R.R GOENKA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that more than 2 million people develop tuberculosis every year;

(b) the response to Directly Observed Treatment Strategy (DOTS) which was initiated in 1992;

(c) the problems that have slowed down the success of the scheme; and

(d) the further steps proposed to be taken?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) Yes, Sir. It is estimated that approximately 2.2 million new cases of TB occur in the country every year.

(b) The response to directly observed treatment strategy (DOTS) had been highly encouraging. The Project Districts have reported a cure rate of more then 80% which means that 8 out of every 10 patients diagnosed and put on treatment under the revised strategy are succesf ully treated.

(c) The Revised National TB Control Programme has expanded very fast in the country without compromising quality and its success has been satisfactory.

(d) Presently about 570 about million population is covered under revised strategy and it is envisaged to cover 850 million population under RNTCP by 2004 and the entire country by 2005.

Permission of DCGI for bio-equivalence of medicines

1141. SHRI RAMA SHANKER KAUSHIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that no permission from DCGI is required to conduct bio-equivalence on medicines for exports;

(b) If so, whether it is also a fact that it is applicable equally for both new drugs which have been permitted in the country and which are still not approved for marketing in the country; and

(c) the guidelines for conducting such bio-equivalence studies?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATi SUSHMA SWARAJ): (a) and (b) Requirement of Bio-equivalence study on medicines for export depends upon the requirements of the importing country, and is not insisted upon by the office of the DCG(l).

(c) Bio-equivalence studies are conducted as per accepted scientific norms. However, draft guidelines for conducting Bio-equivalence studies in the country is also being prepared.

CGHS facilities to Journalists

†1142. SHRl RK. MAHESHWARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether journalists recognized by Government are provided with CGHS facilities;

(b) if so, the norms In this regard;

(c) the norms for providing CGHS facilities to journalists in Parliament House Annexe; and

(d) whether journalists provided with CGHS facilities have been allowed to avail such facilities in other hospitals also in addition to Dr. Ram Manohar Lohia Hospital?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ}: (a) and (b) As per Department of Health's O.M. No. S. 11011/3/88, CGHS(P) dated 11.3.88, Journalists accredited by the Govt, of India's Press Information Bureau (FIB) and residing in areas covered under CGHS Delhi are entitled to get a CGHS card on the basis of the accreditation card issued to them by the PIB which would make them eligible for medical facilities under CGHS at par with those available to the general public under the G.R Card Scheme.

(c) The journalists who are having the official pass to cover the Central Hall of Parliament are provided medical facilities from the CGHS Medical Centre at Parliament House Annexe.

(d) No, Sir.

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†Original notice of the question was received in Hindi.